

MAR 13 1937

# MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

6334

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399Township RauPrimary Registration District No. 1002City St. Louis(No. 3916 Highland)File No. 1202Registered No. 1202St. St.Ward Ward

## 2. FULL NAME

(a) Residence, No. 3916 Highland

(Usual place of abode)

St. St.Ward. Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

Wh5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFBessie M. Gee

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

January 13, 1869

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Laborer9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.Retired10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Illinois

## 13. NAME

Alfred M. Gee14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Don't know

## 15. MAIDEN NAME

Don't know16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Don't know17. INFORMANT  
(ADDRESS)Mr. Bessie M. Gee  
3926 Highland

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Louis DATE 2-7-193719. UNDERTAKER  
(ADDRESS)Carroll S. Saylor & Sons  
3024 Broad

## 20. FILED

278 37 M. M. Conover  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7, 193722. I HEREBY CERTIFY. That I attended deceased from  
Feb 2, 1937, to Feb 7, 1937I last saw him alive on Feb 7, 1937. Death is saidto have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Decomposition -  
Chronic Valvular Heart Disease  
Chronic Infective MyocarditisDate of onset  
Dec 1, 36

Other contributory causes of importance:

Urinary Retention -Name of operation None Date of NoneWhat test confirmed diagnosis? Clinical Was there an autopsy? no

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? L Date of injury L, 19LWhere did injury occur? L

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury LNature of injury L24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

Ralph P. Pury

, M. D.

(Address)

4500 E 24 St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

hard  
part  
of  
the  
stone